

**JOINT MPH PROGRAMS ADDIS CONTINENTAL INSTITUTE OF PUBLIC
HEALTH BAHIR DAR CAMPUS**

**ASSESSMENT OF HEALTH CARE SEEKING AND ITS ASSOCIATED FACTORS
AMONG RURAL AND URBAN MOTHER OF BURIE WOREDA, WEST GOJJAM,
AMHARA REGION, ETHIOPIA**

**A THESIS SUBMITTED TO ADDIS CONTINENTAL INSTITUTE OF PUBLIC
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BY;

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Acronyms

| | |
|-------|---|
| ADA | <i>Amhara Developmental Association</i> |
| HEW | health extension workers |
| NGO | nongovernmental organization |
| FP | family planning |
| PNC | post natal care |
| ANC | antenatal care |
| MMR | maternal mortality rate |
| IMR | infant mortality rate |
| HIV | Human immune defiance virus |
| AIDS | Acquired immune deficiency syndrome |
| PHC | primary health care |
| MDG | Millennium development goal |
| TBA | Traditional birth attendance |
| VCHWs | voluntary community health workers |

Abstract

Background; Half a million women die annually due to pregnancy and childbirth related events. In addition, three hundred million women in the world currently suffer from long-term or short-term illness brought about by pregnancy or childbirth.

Objective; to assess health care seeking and its associated factors in rural and urban Mother of Burie woredas.

Methodology; A cross -sectional community based quantitative study was conducted from June to December 2010 among rural and urban Mothers of Burie woreda west Gojjam on 678 respondents. Multistage sampling techniques were used to select the respondent's. Random sampling technique was used to select each household. Structured and pretested Amharic questionnaire was used for data collection. During data collocation continues supervision were undertaken by supervisors to keep data quality

Result, Total of 637 respondents was interviewed. Of which 346(60.7%) seek health care for ANC. When health care seeking of mothers for ANC was adjusted for socio demographic variables Educational status (AOR=3.330 and 95% CI=1.478-7.504) and Educational status of the husband (AOR=3.376 and 95% CI 1.298-8.784) have significant association. Only 175(32.2%) gave birth at health institution, when these were adjusted for other socio demographic variables, educational status of the husband has significant association with institutional delivery (AOR=3.586 and 95% CI 1.690-7.608).

conclusions; Out of the interviewed mothers 60.7% attained ANC for their last pregnancy, 32.2% gave birth their last birth at health institution and 58.6% attained PNC for their last birth .Maternal age, their educational status, their resident, marital status of mother, occupation of mother, husbands educational status, husbands occupation have significant association with getting institutional delivery, ANC follow up, and PNC service.

Recommendation; A holistic approaches involving all relevant stakeholders is needed to improve the utilization of service by pregnant mothers to reduce maternal mortality and morbidity.

Key words; *health care seeking, ANC, place of delivery and PNC*

CHAPTER ONE

INTRODUCTION

Health-seeking behavior studies acknowledge that health service, where they exist, remain greatly under or inadequately used. (1) Health care seeking is a dynamic process that is influenced by socio-demographic, cultural and other factors (2)

All health care systems should be based on information relating to health promoting, seeking and Utilization behavior and the factors determining these behaviors. All such behaviors occur within some institutional structure such as family, community or the health care services (3)

The factors determining the health seeking behaviors may be seen in various contexts: physical, socio-economic, cultural and political (4).

Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease Pattern, physical inaccessibility, large family size and health care system itself (5)

Half a million women die annually due to pregnancy and childbirth related events. In addition, three hundred million women in the world currently suffer from long-term or short-term illness brought about by pregnancy or childbirth (6)

In Ethiopia, the levels of maternal and infant mortality and morbidity are among the highest in the world. The maternal mortality rate is 673 per 100,000 live births, and the infant Mortality rate is 77 per 1,000 One explanation for poor health Outcomes among women and children is the nonuse of modern health care services by a sizable Proportion of women in Ethiopia. Previous studies have clearly demonstrated that the utilization of available maternal health services is very low in the country. (8)

The extent of maternal health care seeking behavior in Ethiopia is extremely low antenatal care 27.7 %, delivery care 5.3 % and postnatal care 5.8% but with marked variations across women's demographic and socio-economic characteristics. A mother's age at birth, birth order, place of residence, region, women's education and work status, religion and household decision-making autonomy were used as predictor variables of maternal health care seeking behavior. (9)

1.2. JUSTIFICATION OF THE STUDY

To make the health care system more accessible and responsive to women particularly in developing countries, it is imperative to study the health-seeking behaviors and factors determining utilization of health care services

Ethiopia Government is working the best to reduce maternal mortality and morbidity by providing health service at house hold level through HEWs and at all levels of health institutions. Even though HEWs, other health workers and government are doing their best maternal mortality and morbidity is still high, therefore this study may help planners to identify factors that contribute for low health seeking behaviors of the women to reduce maternal mortality and morbidity.

The region as well as the study area report showed that, despite health care system is accessed at house hold level to improve maternal health through HEW ,still health seeking behaviors of women is low, thus this research may help to identify the determinate factors that influence the health seeking behaviors of women in Burie woreda as the region.

The health seeking behaviors of women of Burie woreda and its determinant factors was not assessed in ways that help to improve the health of the community in general and the health of women in particular in the selected woreda.

Thus, It is hoped that the results of the study will improve policymakers understanding of the determinants of maternal and child mortality and morbidity in the country and serve as an important tool for any possible intervention aimed at improving the low utilization of maternity care services in Ethiopia in general and in Amhara region in particular.

CHAPTER TWO

LITERATURE REVIEW

Globally, 56% of those who reported illness did not seek a modern consultation during this illness, and 23% of those who took three separate steps for the same illness never sought a modern consultation. Half of all household health expenditures were for medication, and this proportion was highest in the poorest population (10)

The high cost of health service was a significant obstacle to health-care access for 40.5% of the migrant workers who became sick (11)

Educational status, parity level, health insurance coverage, ethnicity, household wealth and geographic region are statistically significant factors that affect the use of health care services thought essential to reduce infant and child mortality rates in Turkey (12)

Distance to health facilities decreases use, but is also difficult to determine. Challenges in comparing results between studies include differences in methods, context-specificity and the substantial overlap between complex variables (13)

Majority of people first try some home treatment and only when they are not relieved they opt for approaching any provider. Choice of health provider is in fact dependant on decision makers which could be elder male family members or some other person from the community. Literacy status, socioeconomic status, past experience and perceived quality of health care services also play pivotal role in selection of provider (14)

The utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself ,in Pakistan,(16) Poverty is strongly linked to the use of services whatever the socio-cultural and demographic aspects are, with the poor using less services than the richer. Concerning the impact of socio-cultural characteristics, women living alone or with one adult (OR=1.60; 95% IC=1.06-2.42), those who are Christian (OR=1.83; 95% IC=1.25-2.67) are more likely to have adequate antenatal care than women living with 5 adults or more, having traditional or no religion, Besides, when the number of children increases, they are less likely to consult, in Ivory Coast (17).

Low-parity women were less likely to use maternal services. Another consistent finding is that women with low educational level, those residing in rural areas, and those with low socioeconomic status were less likely to use maternal services, In Botswana (18)

Education is the only individual-level variable that is consistently a significant predictor of service utilization, while socio-economic level is a consistent significant predictor at the household level. At the community level, urban residence and community media saturation are consistently strong predictors. In contrast, some factors are significant in predicting one or more of the indicators of use but not for all. These inconsistent predictors include some individual level variables (the woman's age at the birth of the last child, ethnicity, the notion of ideal family size, and approval of family planning), a community-level variable (prevalence of the small family norm in the community), and a state-level variable (ratio of PHC to the population, in Nigeria (19)

Drug use in developing countries has frequently been described as irrational. It is influenced by a wide range of factors, including health and drugs policy, the organization and provision of health care, information, and health beliefs and cultural perspectives regarding health and drug therapy, in Ghana (20)

Teenagers constituted 13.3% of the respondents. The average number of children per woman ranged from 2.5 for teenagers to 9.0 for women aged 45–49 years. Eighty percent of respondents knew at least one major medical cause of maternal mortality: the most common causes mentioned were hemorrhage (31.8%) and obstructed labor (17.3%). Private maternity center was the most preferred place for childbirth (37.3%), followed by traditional birth attendants (TBAs) (25.5%). Government facility was preferred by only 15.7%: reasons for the low preference included irregularity of staff at work (31.4%), poor quality of services (24.3%), and high costs (19.2%). Among the 81 women that delivered within a 1-year period, only 9.9% received antenatal care, while 4.9% attended postnatal clinic. Private midwives and TBAs attended 49.4 and 42.0% of deliveries, respectively, in Nigeria (21)

Education was found to be significantly associated with choice of place for delivery ($p < 0.05$), but no association was found with respect to age and marital status, in Uganda (21)

Adolescent mothers were more likely to attend antenatal care visits less than four times compared to adult mothers (OR = 1.52, 95%CI: 1.12–2.07). Adolescents were

also more likely to experience violence from parents (OR = 2.07, 95%CI: 1.39–3.08) and to be stigmatized by the community (CI = 1.58, 95% CI: 1.09-2.59) in Uganda (22) user fees are less significant than one might first expect, especially when compared to having a health unit within close proximity. Furthermore, we find significant differences in health seeking behavior to be related to age and gender, and that increased levels of education are consistently associated with a transfer away from government provided health care, possibly indicating that people regard its quality as inferior, in Uganda (23)

More than 32.4% of the mothers purchased and administered drugs to their sick children without seeking medical attention. The most commonly reported reasons for this behavior were: the government health facilities were at a distance, the services are poor and inability to afford services at the private hospitals and clinics, in Kenya (24)

One-third of all illnesses were treated by modern services, 19.9% by self care and 26.0% by traditional medicine and traditional healers, with 21.5% of all illnesses not being treated. Utilization rates varied with type and duration of illness, socioeconomic level, age, sex and place of residence Ethiopia (25)

Over 85% of terminally sick patients visited a modern medical facility, but less than 40% spent more than 24 hours in a medical facility and only 25% died in one. Traditional healer (11%) and holy water (46%) visits offer a common treatment and healing alternative Ethiopia (26)

Another Study undertaken in Ethiopia indicates that women's autonomy remains significant even after adjusting for other individual and household variables. Besides autonomy, the results highlight other individual and household level influences on the health seeking behaviors of women in Ethiopia. (27)

From those reporting illness, 55.4% did not take any action while 30.3 % visit health institutions. Self care and use of traditional healers were reported to be 9.2% and 5.2% respectively on top of that the house hold reported that 55.4% of the ill people did not seek any health care, suggesting a problem with access to health care. 30.3% said that they sought care at the health institute. 9.2% and 5.1% claimed that they took care of themselves or sought treatment from a traditional healer (28)

Twenty-two percent of rural women received antenatal care, and 2 percent received delivery or postnatal care. Women's education is associated with use of maternal health care in Ethiopia, with the use of maternal health care increasing linearly with

education. Seventy-two percent of women with at least secondary education received antenatal care from a health professional, a similar pattern is seen for delivery care and postnatal care. Utilization of maternal health services is generally lower among mothers of birth order five and higher. Similarly, women who had only one birth in the past five years were also more likely to utilize maternal health care than women who had more than one birth in the same period. (29)

the Ethiopian Demographic and Health Survey 2005 showed that the extent of maternal health care seeking behavior in Ethiopia is extremely low (antenatal care 27.7 %, delivery care 5.3% percent and postnatal care 5.8 %) but with marked variations across women's demographic and socio-economic characteristics. A mother's age at birth, birth order, place of residence, region, women's education and work status, wealth quintile, religion and household decision-making autonomy were used as predictor variables of maternal health care seeking behavior. Both bi-variant and multivariate analyses demonstrate the difference in the utilization of health care services and women's demographic and socio - economic characteristics. Except mothers' age at birth, work status and religion, all variables entered into the model appeared to be acceptable at 5 percent level of significance. Socio-economic variables such as education, region, residence, wealth index and household decision were implicated most strongly in women's utilization of health care services, as seen in the strong positive relationship between utilization of health care services and women's education as well as household decision autonomy, (30)

Women's autonomy remains significant even after adjusting for other individual and household variables. Besides autonomy, the results highlight other individual and household level influences on the health seeking behaviors of women in Ethiopia. Results also demonstrate the need to look beyond individual level factors when examining the health seeking behaviors of women in Ethiopia. The statistical significance of some individual-level measures, such as education means it cannot be used as proxy for women's autonomy. (31)

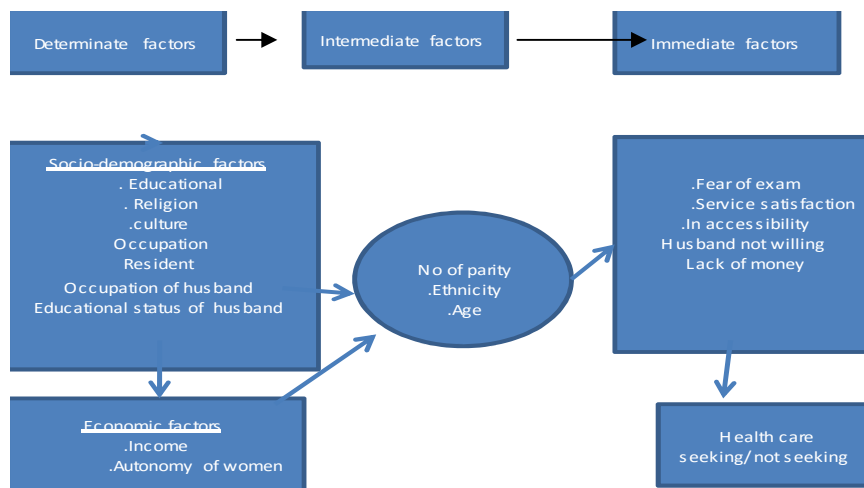


Fig 1. Conceptual framework for health care seeking (reference no 29)

CHAPTER THREE

Objective

❖ General objective

- To assess health care seeking and its associated factors in rural and urban mother of Burie in Amhara regional status.

❖ Specific objective

- To assess the prevalence of health care seeking of rural and urban mother of Burie woreda
- To assess factors associated with health care seeking of rural and urban mother of Burie woreda

CHAPTER FOUR

Methodology

4.1. Study Setting

Burie is one of the woredas found in west Gojjam zone of Amhara region, which is 411 km from Addis Ababa and 154km from regional town Bahir Dar in the north and in the south direction respectively. Burie has been divided into Burie Zuria woreda (for rural kebeles) and Burie Towne administrative (for urban Keble). Rural Burie woreda has a total area of 587 square kilometers and population of 107800 (male 54106 and female 53694). It has 20 kebeles, 4 health centers and 19 health posts. Burie town administrative woreda has total population of 60637 (male 28633 and 32004) and 8 kebeles.

4.2. Study design:

The quantitative community based cross-sectional study was conducted among rural and urban mother of Burie woreda on September 2010.

4.3. Study population

All rural and urban mother of the Burie woreda were the source population

4.5. Study subject

Mother of aged 18-49 who are found in the rural and urban Burie woreda of the selected kebeles were the study subject.

4.6. Inclusion criteria

Women of aged 18-49, who are family member in the selected house hold, who are mentally fit and able to communicate

4.8. Sample size

Even though some research has been conducted in subjects related to health care seeking, it is mostly qualitative some of them are highly specific, thus, ANC converge which was 27.7% from DHS 2005, for health care seeking and high costs of the service (19.2%) which is the associated factors for health care seeking of the mothers (21) were taken for both prevalence and associated factors respectively. Therefore it was assumed that prevalence 27.7%, at 95% CI, margin of error of 5%, because of multistage sampling it was assumed that a design effect of two and additional 10% was added to compost non respondent rate. Here is the sample size calculation formula;

$$n = \frac{(z / 2)^2 \cdot p (1-p)}{d^2}$$

d²

n=sample size

p =prevalence =27.7%

d= error of margin =5 %(0.05)

(z / 2)²=standard confidence interval (95%)

Design effect=2

Non response rat =10%

n=308 x 2 = 616

616 x 0.1=678=therefore total sample size=678

4.9. Sampling procedures

Multi-stage sampling technique was used to select representative sample. In the first stage sample kebeles were selected from the woreda and in the second stage households were selected from sample kebeles. Among 28 kebeles 4 kebeles that means 3 kebeles from rural woreda and one kebeles from urban woreda were selected by lottery system. This is because of financial problem to address all kebeles of the woredas to make the study representative. Systematic random sampling has been employed to select 678 households from the woreda administrative office and from health extension workers registration book. From each household one mother or other women aged above 18-49, who are family members with priority given to aged, were interviewed. The interview has been taken place in every 8 houses, the first house hold were selected by lottery system and if in case there were no mother of age 18-49 years in the house hold during data collection the

house hold were revisited . If still mother were not available during the revisit the next /pervious house hold were interviewed

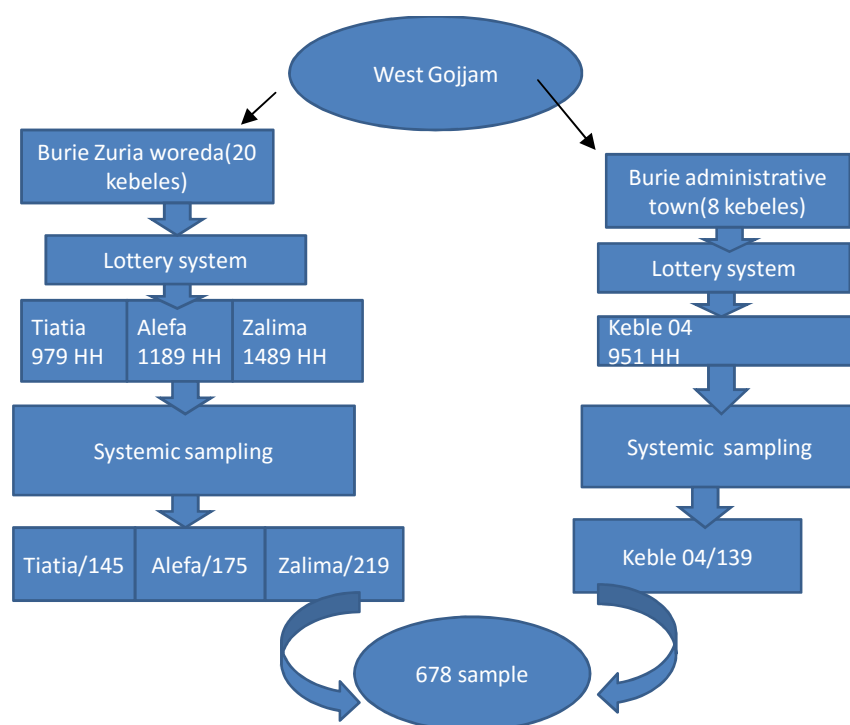


Fig 2. Frame work that shows sampling procedures

4.9 Data collection procedures:

Structured questionnaire that were developed for data collection has been first prepared in English and later translate in to Amharic as the study subject speak Amharic. Regarding data collection process, 10 data collectors who were non health workers and high school graduates has been recruited; this was because, if health workers are recruited, the respondents may not provide the genuine information since they were usual customer of the workers. And 4 supervisors of diploma and above educational status in addition to data collectors were selected and trained, on the study objective, data collection process including questioners, interviewing techniques and importance of the confidentiality privacy, obtaining informed consent and ethical consideration.

Pre test has been conducted on other respondents who were not part of the study before actual data collection has been undertaken. Based on the pre test, the questionnaires were reviewed, checked for completeness, accuracy and consistency by the supervisor and investigator and corrective discussion and measure has been undertaken with all the research team members.

4.10. Operational definitions

Health seeking; the action taken by mothers or other people to go to institution for maternal health conditions and when, where and why people take that maternal health care

Behavior; the way in which a person responds to specific maternal health care.

Family member; is whose usual resident is in the family

Health seeking; the action taken by people for maternal conditions and when, where and why people take that maternal health care

Mentally fit; an individual who is conscious and give appropriate answer for give question

Health: - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

ANC; when pregnant mother go to health institution purposefully for cheek up.

Institutional delivery; when a mother gave birth at hospital, health center or health post.

PNC; when mothers go to health institution purposefully for cheek up before 45 days.

4.11 Data Management:

After pre test was undertaken and necessary correction was made, data collections were undertaken. During the actual data collection period, the principal investigator and supervisor were making a day to day on site supervision during the whole period of data collection. At the end of each day, the questionnaires were reviewed and checked for completeness, accuracy and consistency by the supervisor and investigator and corrective discussion were undertaken with all the research team members. Remarks were given during morning times on how to eliminate or minimize errors and take corrective actions timely.

4.12 Data Analysis procedure

The data has been coded on pre arranged coding sheet by the principal investigator. Data entry and cleaning has been made using EPI-info statistical package and transfer to SPSS soft ware for analyses. Tables, graph, figures and frequency by percentage have been used to describe the prevalence of ANC, delivery and PNC. And for factors associated with maternal health care seeking the association and

significance between the response variables were measured by using chi-square test, p- values, odds ratios, and 95% C.I. The relative contributions of the selected variables to the outcome of interest have been assessed using logistic regression.

4.13 Data Quality

To keep the quality of the data, standard questionnaire were developed in English version and translated in to Amharic and then back to English to maintain its consistence. Data collection guideline was prepared and gave for data collectors and supervisors. Two days training for 10 data collectors and 4 supervisors has been conducted by the principal investigator on how to interview, fill the questioner, etc to ensure the quality of data. Data collectors and supervisors were reviewed every questionnaire for completeness and consistency daily and it has been checked by the principal investigator. Questionnaires have been pre-tested in another Kebeles in the study area. The result of the pre-test has been used to correct some unclear ideas and statements. Data coding and data entry were checked at the beginning and data cleaning were conducted at the end of data entry to maintain its quality

4.14 Variable:

Dependant variable

- ANC, place of delivery and PNC

Independent variable

- Age, sex, resident ,occupation, distance from health institute , religion, educational status income , family size

4.15 Ethical consideration

Ethical clearance has been taken from University of Gondar in written form to be submitted to both Burie rural and urban woreda and a written consent has been taken from the responsible bodies of the woreda. Additionally, an informed Verbal consent was received from each study subject and anyone who was not willing to take part in the study had the full right to do so. To ensure confidentiality of respondents, their names were not indicated on the questionnaire. All interviews were takes place individually to keep the privacy of the respondents

4.16 Dissemination of results:

The result of the study will be communicated to Addis continental institution of public health and later it will be communicated to Amhara regional health bureau, zonal health department, Burie woreda and at the last For Amhara Development

Association this all will be performed by presenting the paper on occasions like, work shop, meeting, seminars and symposium.

CHAPTER FIVE

Results

Socio-demographic characteristics

Out of the randomly selected 678 subject, 637(93.95%) were interviewed. Out of the randomly selected sample only 41(6.05%) subject was not interviewed since the data collection period was harvesting time thus most of the respondents are not around.

Among randomly selected household women of age greater than or equal to 18 years and less than and equal to 49 is selected from each households. More than 163 (25%) responds were age between 25-29 years.

The mean of the age of respondents was (26.4±4) years. Three hundred forty two (53.7%) were illiterate, while 169(26.5%) respondent attained formal education that means from elementary school up to university graduate, the remaining 126 (19.8%) only can read and write that means without attaining formal education.

Five hundred and six (79.4%) mothers were married 39(6.1%) single, 46(7.2%) divorced, 35(5.5%) widowed, and 11(1.7%) separated. (See detailed on table 1)

Table 1. Socio-demographic characteristics of the respondents. Amhara Regional State: west Gojjam Burie September 2010. (n=637)

| variable | frequency | Percent (%) |
|---|-----------|-------------|
| Age(n=637) | | |
| 18-19 | 29 | 4.6 |
| 20-24 | 83 | 13.0 |
| 25-29 | 163 | 25.6 |
| 30-34 | 117 | 18.4 |
| 35-39 | 107 | 16.8 |
| 40-44 | 93 | 14.6 |
| 45-49 | 45 | 7.0 |
| Marital status(n=637) | | |
| Married | 506 | 79.4 |
| Single | 39 | 6.1 |
| Divorced | 46 | 7.2 |
| Widowed | 35 | 5.5 |
| separated | 11 | 1.7 |
| Educational status(n=637) | | |
| Illiterate | 342 | 53.7 |
| Read &write | 126 | 19.8 |
| Grade(formal education) | 169 | 26.5 |
| Occupation(n=637) | | |
| Employed | 23 | 3.6 |
| House wife | 185 | 29.0 |
| Farmer | 360 | 56.5 |
| Merchant | 20 | 3.1 |
| Student | 48 | 7.5 |
| others | 1 | 0.2 |
| Resident(n=637) | | |
| Urban | 130 | 20.4 |
| rural | 507 | 79.6 |
| Occupation of the husband (n=519) | | |
| Employed | 50 | 9.5 |
| Farmer | 419 | 80.7 |
| Merchant | 25 | 4.6 |
| student | 25 | 4.6 |
| Educational status of the husband(n=519) | | |
| Illiterate | 142 | 27.4 |
| Read &write | 202 | 38.9 |
| 1-4 | 13 | 7.4 |
| 5-8 | 62 | 35.4 |
| 9-10 | 47 | 26.9 |
| 11-12 | 9 | 5.1 |
| 10+ | 11 | 6.3 |
| 12+ | 33 | 18.9 |

Among the ever pregnant mothers 346 (60.7%) mothers attained ANC for their last pregnancy. Out of mothers who attained ANC for their last pregnancy 134(38.7%) were attained for more than 5 times 78(, 22.5%) for three times, and 67(19.4%) were attained for four times, 49(14.2%) for two times and 18(5.2%) for one times.

Five hundred forty four (83.7%) respondents ever gave live birth, out of these 265(49%) of the mothers gave more than five children and 186(34.5%) gave children of 3-4 and 93(16.5%) gave 1-2 children.

The majority of year of last birth was 1-2years 487(90.6%), 3-5years 49 (9%), greater than 5 year 8(1.47%).

Three hundred and sixty nine (67.8%) mother gave birth at home and 175(32.2%) mother gave their last birth at health institution. Out of mothers who gave birth at health institution, 98(18%) mothers gave birth at health center, 48(8.8%) hospital and 29(5.3%) health post.

Among mothers who gave their last birth at home, 243(65.5%) were attained by the neighbors, 58(15.9%) by trained traditional birth attendant 46(12.4%) by mothers and 22(6.5%) mother in law.

One hundred and two (16%) of the respondent were currently pregnant, out of these pregnant mother 60(58.8%) plan to give birth at home and 42 (41.2%) plan to give their birth at health institution. Three hundred nineteen (58.6%) seek health care for PNC service for their last birth. (See detailed from next table 2)

Table2. Maternal health care seeking practice. Amhara Regional State: west Gojjam Burie, Amhara Regional state. September. 2010.

| Variable | Frequency | Percent (%) |
|--|------------------|--------------------|
| ANC(n=570) | 367 | 60.7 |
| Institutional delivery(n=544) | 175 | 32.2 |
| Home delivery(n=544) | 369 | 67.8 |
| Future plan of Institutional delivery(n=102) | 60 | 58.8 |
| Future plan of home delivery(n=102) | 42 | 41.2 |
| PNC(n=544) | 319 | 58.6 |
| Ever seek for any situation throughout the life(n=637) | 576 | 90.4 |
| Ever seek for any situation with in 12 month(n=637) | 535 | 84.0 |

Perceived reason of mother to seeking maternal health care or not to seek maternal health care

A perceived reason not to seek ANC service were husband not willing 102(45.9%), fear of examination 99(44.9%), lack of knowledge about ANC 68(30.6%), no unusual

sign and symptom during pregnancy 53 (24%), mother in low not willing 16(7.2%) and distance of institution 23 (10.4%) were the reason mentioned by respondents for not seeking health care service for ANC.

Uncomfortable delivery choc 257(69.64%), urgency of labour 133 (36.04%), previous home delivery 91(24.6%) and not strong labour 24(6.5%) were the perceived reason given by mothers to gave their birth at home.

The reason motioned by mothers to gave birth at health institution were, prolonged labour 119(68%), HEWs advice 52(29.7%), decision of the mother and mothers who gave their last birth at institution were perceived reasons motioned by the respondents.

The major perceived reason to plan to give birth at home were if the previous labour were not prolonged 28(57.1%), fear of vaginal examination 17(34.7%), fear of delivery set as it harms them 7(14.3%), positioning in health institution, not satisfied by health workers service were most mothers perceived reasons for future plan to gave birth at home.

The majority of pregnant mother who plan to give birth at health institution plan to be assisted their birth by, doctors 38(42.2%), nurses 36(40%), HEWs 17(18.9%) and small numbers of respondent plan to be assisted by health officers.

Factors associated with mothers health care seeking

1. Bi-variant analysis

Mothers whose ages 30-34 years were more likely to seek health care for ANC service than mother whose age were >20 years (OR= 3.989 and 95% CI= 1.976-8.051).

Mothers who were divorced, widowed and separated were less likely utilize the ANC service than mothers who were married (OR= 0.436 and 95% CI = 0.273-0.696).

Mothers who attained formal education were more likely to attend ANC than illiterate mother (OR=2.060 and 95%CI=1.335-3.181). House wife were less likely seek health care for ANC than mothers who were employed (OR=0.336 and 95% CI= (0.075-1.501). mothers those whose husband were farmer were less likely to attend ANC than mothers whose husband were employed (OR= 0.279 and 95% CI=0.122-0.641) Similarly mothers who live in rural were less likely to utilize ANC service than mothers who live in urban (OR=0.535 and CI=0.347-0.825).

Mothers whose husband attend formal education were more likely attend ANC than those mother whose husband were illiterate (OR=3.610 and 95%CI=2.131-6.114). See detail on the next table 3.

Table3 Factors associated with mother's health care seeking for ANC versus socio demographic variables, September, 2010

| Variable | Yes | No | Crude ORs(95%CI |
|--------------------------------------|-------------|-------------|----------------------------|
| Age | | | |
| 18-19 | 3(50.00%) | 3(50.00%) | 1.00 |
| 20-24 | 37(62.71%) | 22(37.29%) | 1.588(0.287-8.794) |
| 25-29 | 108(71.52%) | 43(29.48%) | 2.671(1.195-5.969)* |
| 30-34 | 70(61.64%) | 43(38.46) | 3.989(1.976-8.051)* |
| 35-39 | 73(69.52%) | 32(38.48%) | 2.585(1.264-5.290)* |
| 40-44 | 38(41.03%) | 54(58.87%) | 3.323(1.737-7.560)* |
| 45-49 | 17(38.63%) | 27(61.34%) | 1.118(0.536-2.331)* |
| Marital status | | | |
| Married | 306(64.96%) | 165(35.04%) | 1.00 |
| Single | 2(14.28%) | 12(85.72%) | 0.090(0.020-0.046)* |
| Divorced, widowed & single | 38(44.70%) | 47(55.30%) | 0.436(0.273-0.696)* |
| Educational status | | | |
| Illiterate | 171(53.1%) | 151(46.9%) | 1.00 |
| Read and write | 84(71.2%) | 34(28.8%) | 2.182(1.385-3.437)* |
| Formal education | 91(70.0%) | 39(30.0%) | 2.060(1.335-3.181)* |
| Occupation | | | |
| Employed | 20(90.9%) | 2(9.1%) | 1.00 |
| House wife | 131(77.1%) | 39(22.9) | 0.336(0.075-1.501) |
| Farmer | 175(52.4%) | 159(47.6%) | 0.110(0.025-0.478)* |
| Merchant | 13(65.0%) | 7(35.0%) | 0.186(0.330-1.037) |
| Student | 7(30.4%) | 16(69.6%) | 0.044(0.008-0.240)* |
| Resident | | | |
| Urban | 257(57.6%) | 189(42.4%) | 1.00 |
| Rural | 89(71.8%) | 35(28.2%) | 0.535(0.347-0.825)* |
| Occupation of the husband | | | |
| Employed | 39(84.8%) | 7(15.2%) | 1.000 |
| Farmer | 235(60.9%) | 151(39.1%) | 0.279(0.122-0.641)* |
| Merchant | 15(68.2%) | 7(31.8%) | 0.385(0.115-1.283) |
| student | 22(91.7%) | 2(8.3%) | 1.947(0.377-10.343) |
| Educational status of husband | | | |
| Illiterate | 74(54.8%) | 61(45.2%) | 1.000 |
| Read and write | 113(58.9%) | 79(41.1%) | 1.179(0.756-1.839) |
| grade | 127(81.4%) | 29(18.6%) | 3.610(2.131-6.114)* |

Mothers whose ages 25-29 years were more likely to give birth at health institution than mother whose age were <20 years (OR=3.180 and 95% CI= 1.245-8.119).

Mothers who can only read and write were more likely to gave birth at health institution than illiterate mother (OR=0.198 and 95% CI = 0.126-0.313).

Mothers who live in rural were less likely to gave birth at health institution than mothers who live in urban (OR=0.286 and 95% CI=0.182-0.455). Mothers whose husband attend formal education were more likely to gave birth at health institution than those mother whose husband were illiterate (OR=3.454 and 95% CI=1.997-5.976). But other socio demographic characteristics like marital status, occupation, occupation of the husband have no significant association with institutional delivery. See detail on the next table 4.

Table4. Factors associated with mother's place of delivery versus socio demographic variables, September, 2010

| variable | yes | No | Crude ORs(95%CI) |
|---|-------------|-------------|-----------------------------|
| Age | | | |
| 15-19 | 1(100%) | 0(00) | 1.000 |
| 20-24 | 22(40.74%) | 32(59.26) | 54.436(0.0000) |
| 25-29 | 51(35.17%) | 94(64.83%) | 3.180(1.245-8.119)* |
| 30-34 | 37(35.24%) | 68(64.76%) | 2.509(1.087-5.794)* |
| 35-39 | 35(33.98%) | 68(66.02%) | 2.517(1.062-5.963)* |
| 40-44 | 21(23.08%) | 70(76.92) | 2.381(1.001-5.660)* |
| 45-49 | 8(17.77) | 37(82.33) | 1.387(0.560-3.435) |
| Marital status | | | |
| Married | 147(32.31%) | 308(67.69%) | 1.000 |
| Single | 1(13.67%) | 5(83.33%) | 0.999(0.601-1.631) |
| Divorced,widowed &separated | 27(32.53%) | 56(67.47%) | 0.415(0.046-3.727) |
| Educational status | | | |
| Illiterate | | | |
| Read and write | 62(19.56%) | 255(80.44%) | 1.000 |
| Grade | 48(44.04) | 61(55.96%) | 0.198(0.126-0.313)* |
| Occupation of the husband | 65(55.08) | 53(44.92%) | 0.642(0.380-1.084) |
| Employed | | | |
| Farmer | | | |
| merchant | 27(61.63%) | 17(38.46%) | 1.000 |
| Student | 105(28.00%) | 270(72.00%) | 3.176(0.267-37.779) |
| other | 8(42.10%) | 11(57.90%) | 0.778(0.070-8.669) |
| higher educational status of the child | 9(37.50%) | 15(62.50%) | 1.455(0.112-18.956) |
| | 1(33.33%) | 2(66.67%) | 1.200(0.95-15.196) |
| 1-4 | | | |
| 5-8 | | | |
| 9-10 | | | |
| 11-12 | 28(31.46%) | 61(68.54%) | 1.000 |
| 10+ | 58(40.56%) | 85(59.44%) | 1.024(0.464-2.262) |
| 12+ | 21(30.00%) | 49(60.00%) | 1.522(0.730-3.173) |
| Educational status of husband | 6(25.00%) | 18(75.00%) | 0.956(0.417-2.193) |
| | 8(15.10%) | 45(84.90%) | 0.744(0.240-2.307) |
| Illiterate | 13(30.95%) | 29(69.05%) | 0.397(0.146-1.075) |
| Read and write grade | | | |
| | 62(19.55%) | 255(80.45%) | 1.000 |
| | 48(44.04%) | 61(55.96%) | 9.052(4.329-18.930)* |
| | 65(55.08%) | 53(44.92%) | 3.454(1.997-5.976)* |
| Resident | | | |
| Urban | 61(51.26%) | 58(48.74%) | 1.000 |
| rural | 114(26.82%) | 311(73.18%) | 0.286 (0.182-0.455)* |

Mothers whose ages 20-24 years were more likely to seek health care for PNC than mother whose age were 15-19 years (OR=6.0.4 and 95%CI=1.684-21.470).

Mothers who were divorced, widowed and separated were less likely to seek health care for PNC than mothers who were married (OR= 0.070 and 95%CI= (0.016-0.309).

Mothers who live in rural were less likely to seek health care for PNC than mothers who live in urban (OR=2.869 and 95% CI=0.182-0.455). Similarly Mothers whose husband attend formal education were less likely to seek health care for PNC than those mother whose husband were illiterate (OR=0.452 and 95%CI= (0.297-0.689). But other socio demographic characteristics like educational status, occupation, occupation of the husband have no significant association with institutional delivery. See detail on the next table 5.

Table5. Factors associated with mother's health care seeking for PNC versus socio demographic variables, September, 2010

| variable | Yes | No | Crud ORs(95% CI) |
|---|-------------|-------------|------------------------------|
| Age | | | |
| <20 | 3(10.3%) | 26(89.7%) | 1.000 |
| 20-24 | 34(41.0%) | 49(59.0%) | 6.0.4(1.684-21.470)* |
| 25-29 | 101(62.0%) | 62(38.0%) | 14.118(4.101-48.603)* |
| 30-34 | 68(58.1%) | 49(41.9%) | 12.027(3.445-41.990)* |
| 35-39 | 65(60.7%) | 42(39.3%) | 13.413(3.818-47.120)* |
| 40-44 | 32(34.4%) | 61(65.6%) | 4.546(1.278-16.179)* |
| 45-49 | 16(35.6%) | 29(64.4%) | 4.782(1.250-18.297)* |
| Marital status | | | |
| Married | 277(54.74%) | 229(45.26%) | 1.000 |
| Single | 2(5.13%) | 37(94.87%) | 1.572(1.005-2.461)* |
| Divorced, widowed & separated | 40(43.48%) | 52(56.52%) | 0.070(0.016-0.309)* |
| Educational status | | | |
| Illiterate | 156(45.61%) | 186(54.39%) | 1.000 |
| Read &write | 74(58.73%) | 52(41.27%) | 0.754(0.521-1.091) |
| Grade | 89(52.66%) | 80(47.34%) | 1.279(0.838-2.038) |
| Occupation of the husband | | | |
| Employed | 38(77.55%) | 11(22.44%) | 1.000 |
| Farmer | 210(50.34%) | 207(49.64%) | 6.909(0.571-83.540) |
| Merchant | 18(75.00%) | 6(25.00%) | 2.029(0.183-22.548) |
| Student | 18(75.00%) | 6(25.00%) | 6.000(0.458-78.562) |
| Educational status of husband | | | |
| Illiterate | 68(47.89%) | 74(52.11%) | 1.000 |
| Read &write | 99(49.00%) | 103(51.00%) | 0.432(0.274-0.683)* |
| Grade | 119(68.00%) | 56(32.00%) | 0.452(0.297-0.689)* |
| Higher educational status of the child | | | |
| 1-4 | 8(72.73%) | 3(27.27%) | 1.000 |
| 5-8 | 40(56.34%) | 31(43.66%) | 5.636(2.493-12.741)* |
| 9-10 | 23(41.89%) | 32(58.81%) | 6.911(3.181-15.014)* |
| 11-12 | 5(35.72%) | 9(64.28%) | 2.740(1.194-6.286)* |
| 10+ | 8(66.67%) | 4(33.33%) | 2.385(0.828-6.864) |
| 12+ | 5(83.33%) | 1(16.67%) | 1.449(0.594-3.538) |
| Resident | | | |
| Urban | | | |
| rural | 225(44.7%) | 282(55.6%) | 1.000 |
| | 94(72.3%) | 36(27.7%) | 0.306(0.200-0.466)* |

2. Multi-variant analysis;

Mothers who can read and write were more likely to seek health care for ANC than mothers who were illiterate (OR= 3.330 and 95%CI=1.478-7.504) and Mothers whose husband can only read and write were more likely to health care seeking for ANC than mothers whose husband were illiterate (OR= 3.376 and 95%CI= 1.298-8.784) have significant association when they were adjusted with other socio-demographic variables.

Even though mothers age ,marital status , mothers educational status , mothers occupation ,husbands educational status ,husbands occupation and resident were not significantly associated with mothers health care seeking to ANC when they were adjusted with other socio-demographic variables. See the detail on table 6

Table6. Factors associated with mother's health care seeking for ANC versus socio demographic variables adjusted for other socio demographic variable, September, 2010

| variable | Crude ORs(95%CI | Adjusted ORs(95% CI |
|--|----------------------------|-----------------------------|
| Age | | |
| 18-19 | 1.000 | 1.000 |
| 20-24 | 1.588(0.287-8.794) | 1.037(0.080-13.525) |
| 25-29 | 2.671(1.195-5.969)* | 1.038(0.079-13.576) |
| 30-34 | 3.989(1.976-8.051)* | 0.743(0.056-9.841) |
| 35-39 | 2.585(1.264-5.290)* | 1.057(0.079-14.121) |
| 40-44 | 3.323(1.737-7.560)* | 0.368(0.027-4.970) |
| 45-49 | 1.118(0.536-2.331) | 0.300(0.020-4.399) |
| Marital status | | |
| Married | 1.000 | 1.000 |
| Single | 0.090(0.020-0.046)* | 0.810(0.171-3.833) |
| Divorced, widowed & single | 0.436(0.273-0.696)* | 0.0000000 |
| Educational status | | |
| Illiterate | 1.000 | 1.000 |
| Read and write | 2.182(1.385-3.437)* | 3.330(1.478-7.504)* |
| grade | 2.060(1.335-3.181)* | 0.963(0.420-2.211) |
| Occupation | | |
| Employed | 1.000 | 1.000 |
| House wife | 0.336(0.075-1.501) | 1.198(0.189-7.578) |
| Farmer | 0.110(0.025-0.478)* | 0.816(0.125-5.307) |
| Merchant | 0.186(0.330-1.037) | 0.791(0.540-11.685) |
| Student | 0.044(0.008-0.240)* | 3.163(0.000) |
| Resident | | |
| Urban | 1.000 | 1.0000 |
| Rural | 0.535(0.347-0.825)* | 1.311(0.476-3.615) |
| Occupation of the husband | | |
| Employed | 1.000 | 1.000 |
| Farmer | 0.279(0.122-0.641)* | 1.150(0.171-7.744) |
| Merchant | 0.385(0.115-1.283) | 2.476(0.0000) |
| student | 1.947(0.377-10.343) | 0.664(0.022-20.380) |
| Educational status of husband | | |
| Illiterate | 1.000 | 1.000 |
| Read and write | 1.179(0.756-1.839) | 0.703(0.385-1.280) |
| grade | 3.610(2.131-6.114)* | 3.376(1.298-8.784)* |
| The higher educational statues of the child | | |
| 1-4 | | |
| 5-8 | 1.000 | 1.000 |
| 9-10 | 0.670(0.367-1.223) | 0.675(0.304-1.500) |
| 11-12 | 0.341(0.137-0.672)* | 0.250(0.094-0.6665)* |
| 10+ | 0.258(0.101-0.659)* | 0.199(0.051-0.775)* |
| 12+ | 0.233(0.112-0.484)* | 0.275(0.091-0.836)* |
| | 0.290(0.132-0.634)* | 0.493(0.152-1.601) |

Mothers who were divorced, widowed and separated were less likely to deliver at health institution than mothers who were married (OR= 0.380 and 95% CI =0.251-0.758).

Mothers who attained formal education were more likely to give delivery at health institution than mothers who were illiterate (OR=3.620 and 95%CI=2.062-6.357). Similarly Mothers whose husband attend formal education were more likely to instructional delivery than mothers whose husband were illiterate (OR= 3.586and 95%CI=1.69-7.608).

But, mother's age, mother's occupation, husband's occupation and resident were not significantly associated with institutional delivery when they were adjusted with other socio-demographic variables. See the detail on the table below 7.

Table 7. Factors associated with mother's institutional delivery versus socio demographic variables adjusted for other socio demographic variable, September, 2010

| variable | Crude ORs(95%CI) | Adjusted ORs(95% CI) |
|---|-----------------------------|----------------------------|
| Age | | |
| 18-19 | 1.000 | 1.000 |
| 20-24 | 54.436(0.0000) | 0.704(0.256-1.939) |
| 25-29 | 3.180(1.245-8.119)* | 0.918(0.331-2.542) |
| 30-34 | 2.509(1.087-5.794)* | 0.838(0.301-2.333) |
| 35-39 | 2.517(1.062-5.963)* | 0.542(0.181-1.627) |
| 40-44 | 2.381(1.001-5.660)* | 0.347(0.542-2.332) |
| 45-49 | 1.387(0.560-3.435) | 0.409(0.115-1.451) |
| Marital status | | |
| Married | 1.000 | 1.000 |
| Single | 0.999(0.601-1.631) | 0.684(0.155-3.023) |
| Divorced, widowed & separated | 0.415(0.046-3.727) | 0.380(0.251-0.758)* |
| Educational status | | |
| Illiterate | 1.000 | 1.000 |
| Read and write | 0.198(0.126-0.313)* | 2.461(1.404-4.314)* |
| Grade | 0.642(0.380-1.084) | 3.620(2.062-6.357)* |
| Occupation of the husband | | |
| Employed | 1.000 | 1.000 |
| Farmer | 3.176(0.267-37.779) | 0.604(0.261-1.395) |
| merchant | 0.778(0.070-8.669) | 0.857(0.248-2.962) |
| Student | 1.455(0.112-18.956) | 0.686(0.219-2.150) |
| other | 1.200(0.95-15.196) | 0.748(0.054-10.414) |
| higher educational status of the child | | |
| 1-4 | 1.000 | 1.000 |
| 5-8 | 1.024(0.464-2.262) | 1.481(0.834-2.630) |
| 9-10 | 1.522(0.730-3.173) | 0.968(0.476-1.970) |
| 11-12 | 0.956(0.417-2.193) | 0.843(0.284-2.499) |
| 10+ | 0.744(0.240-2.307) | 0.488(0.190-1.254) |
| 12+ | 0.397(0.146-1.075) | 1.346(0.543-3.339) |
| Educational status of husband | | |
| Illiterate | 1.000 | 1.000 |
| Read and write | 9.052(4.329-18.930)* | 3.838(1.906-7.729)* |
| grade | 3.454(1.997-5.976)* | 3.586(1.69-7.608)* |
| Resident | | |
| Urban | 1.000 | 1.000 |
| rural | 0.286 (0.182-0.455)* | 0.502(0.209-1.205) |

Mother whose age 30-34 years were more likely to health care seeking for PNC than mothers whose age were 15-19 years (OR=3.428 and 95%CI 1.026-11.454) . mothers whose husband farmer were less likely to health care to PNC service than mothers whose husband were employed(OR=0.185 and 95%CI=0.049-0.692).but other socio -demographic characteristics like marital status, occupation of mother ,educational status of husband and resident were not significantly associated when adjusted with other socio-demographic variables. See detailed on table 8

Table8. Factors associated with mother's health care seeking for PNC versus socio demographic variables adjusted for other socio demographic variable, September, 2010.

| variable | Crud ORs(95% CI) | Adjusted ORs(95% CI) |
|---|------------------------------|-----------------------------|
| Age | | |
| 18-19 | 1.000 | 1.000 |
| 20-24 | 6.0.4(1.684-21.470)* | 2.794(0.826-9.443) |
| 25-29 | 14.118(4.101-48.603)* | 2.771(0.823-9.326) |
| 30-34 | 12.027(3.445-41.990)* | 3.428(1.026-11.454)* |
| 35-39 | 13.413(3.818-47.120)* | 1.601(0.442-5.807) |
| 40-44 | 4.546(1.278-16.179)* | 0.935(0.206-4.243) |
| 45-49 | 4.782(1.250-18.297)* | 1.447(0.228-9.164) |
| Marital status | | |
| Married | 1.000 | 1.000 |
| Single | 1.572(1.005-2.461)* | 1.128(0.206-6.175) |
| Divorced, widowed & separated | 0.070(0.016-0.309)* | 0.120(0.202-3.203) |
| Educational status | | |
| Illiterate | 1.000 | 1.000 |
| Read & write | 0.754(0.521-1.091) | 1.644(0.841-3.212) |
| Grade | 1.279(0.838-2.038) | 0.829(0.394-1.742) |
| Occupation of the husband | | |
| Employed | 1.000 | 1.000 |
| Farmer | 6.909(0.571-83.540) | 0.185(0.049-0.692)* |
| Merchant | 2.029(0.183-22.548) | 0.679(0.104-4.418) |
| Student | 6.000(0.458-78.562) | 0.463(0.078-2.744) |
| Educational status of husband | | |
| Illiterate | 1.000 | 1.000 |
| Read & write | 0.432(0.274-0.683)* | 0.764(0.430-1.359) |
| Grade | 0.452(0.297-0.689)* | 2.212(0.983-4.981) |
| Higher educational status of the child | | |
| | 1.000 | 1.000 |
| 1-4 | 5.636(2.493-12.741)* | 1.802(0.933-3.480) |
| 5-8 | 6.911(3.181-15.014)* | 0.447(0.212-0.944)* |
| 9-10 | 2.740(1.194-6.286)* | 0.587(0.208-1.654)* |
| 11-12 | 2.385(0.828-6.864) | 0.311(0.133-0.728)* |
| 10+ | 1.449(0.594-3.538) | 0.199(0.077-0.517)* |
| 12+ | | |
| Resident | | |
| Urban | 1.000 | 1.000 |
| rural | 0.306(0.200-0.466)* | 0.941(0.353-2.512) |

Chapter six

Discussion

From this study it was observed that mothers health care seeking for ANC service were 346(60.7%) for their last pregnancy which is consistent with the research done in Ivory Coast in which 62.4% of women used antenatal care adequately (13) and another research done in Nigeria showed that only 9.9% of mothers seek health care for ANC (21) this is not consistent with the study conducted, this is may be due to difference sample size ,methodology difference, the presence of the HEWs and health care systems were well established in Ethiopian.

In Ethiopia the extent of maternal health care seeking for ANC was extremely low which was 27.7% (DHS 2005) (30), this is not consistent with our finding this might be, different in number of sample size, the health extension package was well established and started since 2005, thus the presence of HEWs may bring the difference and health centers and hospitals provide quality service relatively than the before 2005. Another study conducted in Ethiopia in November 2002 showed that 32% of mother attained ANC (29) this is again not consistent this is might be due to difference in sample size which were more than 2000 sample size and another difference may be study pried (2002) thus, this different period may bring socio-demographic difference and may be change in community behaviors and attitudes towards ANC service. Mother's health care seeking for ANC has significant association when adjusted for other socio demographic variables; this is consistent with the study conducted with the study conducted from Ethiopia, Africa and Asian countries (15, 16, 17, and 18).

Three hundred sixty nine mothers (67.8%) gave birth at home, 175(32.2%) at health institution, like health center, hospital and health post. From mothers who gave their last birth at home 243(65.5%) were conducted by the neighbors, 58(15.9%) were conducted by trained traditional birth attendant 46(12.4%) conducted by mothers and 22(6.5%) by mother in law. This is not consistent with research conducted in Bangladesh (15) which were (95%) home delivery, out of these 57% by TBA, 25% by relatives, this is may be due to difference in awareness of community towards institutional delivery, and difference in socio-demographic and socio cultural

difference . In addition to this health extension package in Ethiopia nearly in year 2005 on ward shows significant achievement on institutional deliveries so as reduce maternal morbidity and mortality and help to address 4&5 MDGs, thus this may be vital tool of increment in institutional deliveries. And another assumption may be due to women education and women's decision making power where dramatically increasing in Ethiopia due to community conversation at community level, generally there may be gradual improvement in preference of institutional delivery. On DHS 2005, institutional delivery were low which is 5.3% which is not consistent with the result of the study, this is may be due to governmental attention on maternal mortality and morbidity, health extension workers were pay a great role in educating mother to deliver at institution by skilled professionals and most health extension workers who trainee about clean and safe delivery start to attained delivery at home and at their health post. Another study conducted in Egypt, nearly 80% gave birth at home ,in India 41.5% gave at home and 90% of these gave birth at home by unskilled person which is the main reason for maternal morbidity and morbidity which is similar with our context here in our study area. Educational status of the husband and resident has significant association when adjusted with other socio demographic variables; this is again consistent with study conducted in Ethiopia and other African countries (15, 16, and 17)

Mothers seek health care for PNC were 319(50.1%) for the last birth, where as DHS 2005 is 5.8% this is different may be due to methodology, sample size, and socio demographic characteristics may create this difference. And another study conducted in Nigeria showed that 4.9% attended postnatal clinic (21) this is not consistent with study conducted here in our study this is might due to different in socio-cultural and socio -demographic variables difference in the study areas.

Generally the mothers health care seeking for ANC, delivery and PNC were affected with some socio demographic characteristics like educational status, marital status, husbands education, child higher education's and husbands occupation, were significantly associated; in bi variant analysis and multi-variant when we adjusted with other socio demographic variables for health care seeking of mothers like ANC, delivery and PNC, this is consistent with research conducted in Ethiopia and abroad.

Strength and weakness of the study

Strength

- Selection bias was minimized since it was community- based study with probability sampling technique
- Interviewers were used who were non-health workers and largely unaware of the desired answers.

Weakness

- This study may not representative (generalized) because of small in sample size (kebeles)
- Financial and time constraint during to include all expected sample size to make the study representative

Conclusion

Among randomly selected respondents only 93.95% were interviewer; out of this 25% of the respondents were age 25-29. The mean age of the respondent was 26.4. More than (60.7%) of mother attained ANC for their pervious pregnancy, (32.2 %) give birth at institution, gave birth at home (67.8%), and (58.6%) receive PNC for the pervious live birth.

Maternal age ,their educational status, their resident ,marital status of mother, occupation of mother, husbands educational status ,husbands occupation has significant association with decision of mother for getting institutional delivery, ANC follow up, and PNC service and for any medical and surgical conditions.

Even though, the health service were available at grass root level to reduce maternal mortality and morbidity and to achieve other health related MDGs and there indictors, ANC, institutional delivery and PNC is low even when we compare with low income countries.

Only empowering mothers to decide the health seeking at house hold level is not enough rather it is advisable to involve other decision makers like, grandmothers, husbands, mother in law, peers, religious leaders and other .

Recommendations

1. Health extension workers as well as voluntary community healthworkers should take special training concerning maternal health.
2. Capacity of the health extension workers and voluntary community health workers should be build on communication and negations at household and community conversation at community level to bring behavioral change at community level.
3. Interventional IEC activities focusing on women's husbands and other relatives will be helpful in utilizing these people, so that their influences can be directed in the line of encouraging women to seek health care services.
4. Health services providers should be involved in promoting ANC attendance and improving the services given during the follow up, may be helpful to maximize the contribution of the follow up in promoting safer pregnancy and childbirth.
5. In addition to this mothers should be counseled and educated well during ANC, because even though ANC is high still institutional delivery is low, thus counseling strategies should be considered.
6. A holistic approaches involving all relevant stakeholders is needed to improve the utilization of service by pregnant mothers to reduce maternal mortality and morbidity.
7. Similar studies should be conducted in various settings (both similar and different settings) to come up with more representative findings, which will be helpful in designing interventional activities targeted at improving health service utilization.

References

- 1), Susanna H, Muela J, Muela R and Isaac N: Health-seeking behavior and the health system response; Nairobi, Kenya August 2003
- 2) Solomon Y, Carol H, Tilahun Y and Gunnar B: health care seeking; Norway, 2009 Jun; 31(3):351-61. <http://www.biomedcentral.com/1471-2458/9/454>
- 3) Babar T. and Juanita H: Health seeking behavior and health service Utilization in Pakistan: December 2004 Journal of Public Health Vol. 27, No. 1, pp 49–54
- 4), Babar T, Haran, D and Hatcher J: Health care for women, 2008-Sep; vol 29 pp 945-59
- 5) White K, Small M, Frederic R, Joseph G, Bateau R and Kershaw T: Health care for women international 2006-Oct; vol 27 pp 822-38
- 6), Sami N, Ali, Tazeen S : health service utilization Pakistan 2006-Apr; vol 16 pp 261-4
- 7) Adesegun O, and Chiwuzie J: Maternal Health-Seeking Behavior and Associated Factors in a Rural Nigerian: *December 2005(12) Vol. 10, No. 2, PP, 005-0037*
- 8) Agra M, Jain D, Nandan S and Misra K: Assessment of Health Seeking Behavior and Perceptions Regarding Quality of Health Care Services among Rural Indian. September, 2006 Vol. 31, No. 3,
- 9) Yared M and Asnaketch M: Utilization of Maternal Health Care Services in November 2002
- 10) Commeyras C, Ndo J, Merabet O, Kone H, Rakotondrabe F and P Sante : Household behavior regarding health and drug consumption in Cameroon 2006 Jan-Mar; 16(1):5-12 <http://www.ncbi.nlm.nih.gov/pubmed/16777608>
- 11) Peng Y, Chang W, Zhou H and Liang W: Factors associated with health-seeking behavior among migrant workers in Beijing, China; 2010 Mar 19;10:69. <http://www.ncbi.nlm.nih.gov/pubmed/20298613>
- 12) Celik Y and Hotchkiss D :the socio-economic determinants of maternal health care utilization in Turkey; 2000 Jun; 50(12):1797 <http://www.ncbi.nlm.nih.gov/pubmed/10798333>

- 13) Gabrysch S and Campbell O: the determinants of delivery service use. London, UK. 2009 Aug 11; 9:34 <http://www.ncbi.nlm.nih.gov/pubmed/19671156>
- 14) *Nandan D and Misra S* :Qualitative Assessment of Health Seeking Behavior and Perceptions Regarding Quality of Health Care Services among Rural Community of District Agra *M Jain* Indian Vol. 31, No. 3, July - September, 2006
- 15) Kabirand M and Ali A: Health-seeking Behavior of Mothers and Factors Affecting Infant and Child Mortality of Their Children; Bangladesh Demographic and Health Survey 1996-1997 <http://www.icddr.org/publication.cfm?classificationID=1&pubID=835>
- 16) Babar T. and Juanita H: Health seeking behavior and health service Utilization in Pakistan: challenging the policy Makers, *Journal of Public Health* Vol. 27, No. 1, pp. 49–54 December 2004 <http://jpubhealth.oxfordjournals.org/content/27/1/49.full.pdf>
- 17) Kone A and Rivard M : Poverty and socio cultural factors in the use of maternal health services in Ivory Coast Canada. 2006 ec; 54 (6):485-95.<http://www.ncbi.nlm.nih.gov/pubmed/17194980>
- 18) Letamo G and Rakgoasi S : Factors associated with non-use of maternal health services in Botswana.2003 Mar; 21(1):40-7 <http://www.ncbi.nlm.nih.gov/pubmed/12751673>
- 19) Babalola A and Adesegun F: Determinants of use of maternal health services in Nigeria looking beyond individual and household factors;
<http://www.ncbi.nlm.nih.gov/pubmed/19754941>
- 20). Smith F: enhancing the contribution to primary health care London, UK. 2004 Jul; 19(4):234-41 <http://www.ncbi.nlm.nih.gov/pubmed/15208279>
- 21) Osubor M, Adesegun O and Chiwuzie J: Maternal Health-Seeking Behavior and Associated Factors in a Rural Nigerian Volume 10, Number 2, 159-169,
<http://www.springerlink.com/content/fq1166pk00488785/>
- 22) Florence M , Nazarius M ,Tumwesigye J, Annika E ,Kirumira K and Elisabeth F: Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood Uganda 30 December 2008 <http://www.reproductive-health-journal.com/content/5/1/13/abstract/>

- 23) David L: Determinants of Health Seeking Behavior in Uganda is it Just Income and User Fees That Are Important March 2004
<http://unpan1.un.org/intradoc/groups/public/documents/NISPAcee/UNPAN018976.pdf>
- 24) Grace M, Mbagaya M, Odhiambo O, Ruth K, and Oniang O :Mother`s health seeking behaviors during child illness in rural western Kenya .vol 5,dec.2005
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831955>
- 25).Kloos H, Etea A, Degefa A, Aga H, Solomon B, Abera K, Abegaz A and Belemo G. Illness and health behavior Ethiopia 1987; 25(9):1003-19
<http://www.ncbi.nlm.nih.gov/pubmed/3423840>
- 26).Reniers G and Tesfai R :Health services utilization during terminal illness in Addis Ababa, Ethiopia. 2009 Jul; 24(4):312-9. <http://www.ncbi.nlm.nih.gov/pubmed/19372240>
- 27) Woldemicael G and Tenkorang E: Women's Autonomy and Maternal Health-Seeking Behavior in Ethiopia London. 2009 Oct 31
- 28) Shiferaw T. Illness burden and use of health services in a rural community, southwestern Ethiopia, Jimma, Illubabor, Ethiopia. 1993 Nov; 70(11):717-20
<http://www.ncbi.nlm.nih.gov/pubmed/8033775>
- 29) Yared M and Asnaketch M: Utilization of Maternal Health Care Services in, USA November 2002
- 30) DHS 2005, Maternal Health Care Seeking Behavior in Ethiopia the Ethiopian Demographic and Health Survey 2005 Addis Ababa, October 2008
- 31). Gebremariam W and Tenkorang Y Women`s Autonomy and Maternal Health-Seeking Behavior in Ethiopia <http://www.springerlink.com/content/pv38581267313287/>

Annex: English questionnaire

Date _____ Household Identification Code _____

Name of Kebeles _____

Verbal Consent Letter

Addis continental Institute of public health and University of Gondar, Bahir Dar campus

A Questionnaire for assessing, health seeking behavior and its determinate factors of rural and urban mother of Burie woreda

Hello, I am ----- . I am here to ask you *questions related to*, health seeking behavior and its determinate factors of rural and urban women of Burie woreda.

I collect the information for the purpose of research from Addis continental institute of public health and university of Gondar .The information you provide will be kept confidential. Your willingness and support to respond the interview is very much important. We also assure that the interview process will not bring any harm to you and your family and it is also your right to withdraw any time from the process when your feeling is uncomfortable with it. However, your honest answers to these questions will help us in assessing, health seeking behavior and its determinate factors which is supposed to improve the health of the women as well the family. We would appreciate your help in responding to these questions, and the interview will take only 30 minute. Do you agree to participate to the study?

1. Yes ☐

2.No ☐

Interviewer name _____ Signature _____

Result of interview: 1. Completed ☐ 2. Respondent not available ☐

3. Refused ☐ 4. Incomplete ☐

Checked by supervisor: Name _____ Signature _____ Date _____

Instructions to the Interviewers:

Interview will start only after the respondent will agree on the consent

Circle the answer from the options of possible responses, the answer may be more than one for one question

Only mother of aged 18 -49 will participate in the interview

| S.no | Characteristics | Response variable | Skip to | Remark |
|------|---|---|------------------------------|--------|
| 1 | How old are you? | -----Year | | |
| 2 | What is your marital status? | 1.married 2.single 3.divorced 4.wedowed 6.separted 7.if any other specify----- | | |
| 3 | What is your educational status? | 1.Illtrate 2.can read and write 3.-----grade | | |
| 4 | What is your occupation? | 1.employed 2.house wife 3.farmer 4.marchant 5.studant 6.if any other specify----- | | |
| 5 | What is your religion? | 1.orthodox thohadox Christianity 2.musilem 3.chatolic 4.pertestant 5.if any other specify----- | | |
| 6 | From which ethnic group you are? | 1.Amhara 2.Oromo 3.Tigrie 4.Awi 5.Guragie 6. if any other specify----- | | |
| 7 | Where is your resident? | 1.Urban 2.Rural 3.if any other specify----- | | |
| 8 | What is your family's annual income in average? | 1.-----birr 2.No response | | |
| 9 | What is the occupation of the owner of the house? | 1.emplyeed 2.Farmer 3.marchant 4.studant 5.Carpanters 6.Religiouse leaders 7.Derviers 8. if any other specify----- | | |
| 10 | What is the educational status of the owner of the house? | 1.Illtrate 2.can read and write 3.-----grade | | |
| 11 | Have you ever give live birth? | 1.yes 2.no | If no skip to question No 15 | |

| | | | | |
|----|---|---|------------------------------|--|
| 12 | If yes for question number 11 how many? | -----child | | |
| 13 | How many of these are educated? | -----children | | |
| 14 | From those educated what is the higher educational status? | -----grade | | |
| 15 | Have you ever visit health institute? | 1.yes 2.no | If no skip to question No 18 | |
| 16 | If yes for question number 15 Which health institution? | 1.health post 2.health center 3.hospital 4.private clinic 5.traditional healer 6.holly water 7. if any other specify----- | | |
| 17 | Why you go to health institution? because; | 1.When I am ill 2.for immunization 3.for ANC 4.For delivery 5.For PNC 6.when I my child got ill 7.To visit patient 8. if any other specify----- | | |
| 18 | If not why? Because; | 1. health institution is far 2.I have no money 3.health professionals are un ethical 4.long waiting time 5.I have no time 6.My husband is not willing 7.The opening time of the institute is not convent to me 8.I have so many child ,and I care for my child 9. if any other specify----- | | |
| 19 | Have you go diseased in the last 12 month? | 1.yes 2.no | If no skip to question No 21 | |
| 20 | What do you think the cause of the disease? | 1.sprit 2.pnuemia 3.Intestinal parasite 4.Aneamia 5.Bleeding 6.laboure 7. if any other specify----- | | |
| 21 | Have you visited the health institution when you were diseased? | 1.yes 2.no | | |
| 22 | Which health institution do you visit? | 1.health post 2.health center | | |

| | | | | |
|----|---|---|------------------------------|--|
| | | 3.hospital 4.privat clinic 5.traditional healer 6.holly water 7.if any other specify----- | | |
| 23 | Why you not visit the institution? | 1. health institution is far 2.I have no money 3.health professionals are un ethical 4.long waiting time 5.I have no time 6.My husband is not willing 7.The opening time of the institute is not convent to me 8.I have so many child ,and care for my child 9. if any other specify----- | | |
| 24 | Have you ever taken traditional medicine? | 1.yes 2.no | If no skip to question No 26 | |
| 25 | Why do you take traditional medicine? | 1.It is not costly 2.I can easily access the medicine 3.it is curative than the modern medicine 4. if any other specify----- | | |
| 26 | How many years are you last child? | -----year | | |
| 27 | Have you ever visit health institution for ANC? | 1.Yes 2.no | If no skip to question No 31 | |
| 28 | Why you visit the institution for ANC? Because? | 1.For my health 2.for health of my child 3.I feel uncomfortable when I was pregnant 4.labour is prolonged 5.for immunization 6.to take medicine from the institution 7.to be counseled by professional 8.if any other specify----- | | |
| 29 | For how many times do you take ANC for last child? | -----times | | |
| 30 | Why not you visit the institution for ANC? Because? | 1.My husband is not willing 2.the service is far from my home 3.my mother-in- low is not willing 4.I have no any symptom 5.I have afraid of the vaginal examination 6.I have no knowledge about the service 7. if any other specify----- | | |

| | | | | |
|----|--|---|------------------------------|--|
| 31 | Where do you give you last birth? | 1. home 2.health post 3.health center 4.hospital 5.my mothers home 6. if any other specify----- | | |
| 32 | If at home who attained delivery? | 1.TTBA 2.nebhoures 3.HEWs 4.Mother 5.Mother-in-law 6.if any other specify----- | | |
| 33 | If at home why? because | 1.I afraid of vaginal examination done by health professionals 2.my labour is not prolonged mostly 3.delivery coach is not convent for me 4.St. Merry help the mother only at home 5.position of the delivery in health institution 6. my mother-in -low is not willing 7.TTBA is there in our kebeles 8.my relatives are not set with me during loubet 9. I faired of delivery set 10.health professionals are not ethical 11.I gave my pervious birth at home 12.loubet urges me 13.if any other specify----- | | |
| 34 | If you give birth at health institution why? because | 1.clean and safe 2.my labour is prolonged 3.HEWs counseled me to give birth at institute 4.It is free of cost 5.I need professional support 6.TTBA are not around 7. I give my previous birth at health institution 8.if any other specify----- | | |
| 35 | Are you pregnant currently? | 1.yes 2.no | If no skip to question No 41 | |
| 36 | If yes for question number 40 Where you plan to give birth? | 1. home 2.health post 3.health center 4.hospital 5.my mothers home 6.TTBAS home 7. If any other specifies.----- | | |

| | | | | |
|----|---|---|------------------------------|--|
| 37 | If your plan is to give birth at home why? | 1.I afraid of vaginal examination done by health professionals 2.my labour is not prolonged mostly 3.delivery coach is not convenient for me 4.St. Merry help the mother only at home 5.position of the delivery in health institution 6. my mother-in-law is not willing 7.TTBA is there in our kebeles 8.my relatives are not set with me during labour 9. I feared of delivery set 10.health professionals are not ethical 11.I gave my previous birth at home 12.labour urges me 13.if any other specify----- | | |
| 38 | Which health professional do you prefer you attended your birth? | 1.Dr 2.Nurse 3.health officer 4.HEWs 5.VCHWS 6. if any other specify----- | | |
| 39 | Which sex you prefer you attended your birth? | 1.male 2.female 3.both | | |
| 40 | If you want to be conducted by female professional why?(write all stated answers) | ----- ----- | | |
| 41 | Have you ever taken PNC service? | 1.yes 2.no | If no skip to question No 48 | |
| 42 | If yes for question number 41 why? | 1.to be immunized for my self 2.to immunize my child 3.when I feel ill 4.when my child diseased 5.to show my child to health professionals 6.HEWs counseled me 7. if any other specify | | |
| 43 | Why not you taken the PNC service? | 1.I afraid evil to my child 2.it is not recommended to the mother get out the infant before 40 days 3.I afraid of draft to my infant 4.I tired of the way 5.work load 6. if any other specify | | |

እዝል 2፤ የአማርኛ መጠይቅ

ቀን -----የቤት ቁጥር -----የቀበሌ ስም-----

ቃለ መጠይቁን ከማድረግ በፊት የተሳታፊዎች ፈቃደኝነት መጠየቁ ይገባል፡፡
 ጤና ይስጥልኝ፡- እኔ _____ እባላለሁ፡፡ እዚህ የመጣሁት የእናቶችን
 ህክምና የመሻት በህረግ እና ለዚህም አስተዋጽኦ የሚያድረጉ ጉዳዮች በተመለከተ በአዲስ
 ኮንቲንታል ኢንስትሲትዩት እና በጉንደር ዩንቨርሲቲ ጥናት ስለሚካሄድ ጥያቄዎችን በመጠየቅ
 መረጃ ለመሰብሰብ ነው፡፡
 ይህ ጥናት ሲጠናቀቅ የሕብረተሰቡን ጤና ለማሻሻል በሚደረገው ጥረት ከፍተኛ እገዛ ይኖረዋል፡፡
 በጥናቱ የሚሳተፉት የእርስዎ መላ ፈቃደኝነት ሲኖርብቻል፡፡ ከእርስዎ የምናገኘው መልስ
 ሚስጥሩ የተጠበቀ ነው፡፡ ይህ ጥናት በርስዎ እና በቤተሰብዎ ላይ ምንም አይነት ጉዳት
 እንደማያደርስ ላረጋግጥልዎ እፈልገዋለሁ፡፡ የፈለጉትን ጥያቄ አለመመለስ ውይይቱን የማቋረጥ
 መብትዎ በማንኛውም ጊዜ የተጠበቀ ነው፡፡ ጥናቱ ሲጠናቀቅ ለተለያዩ የመንግስት አካላት እንዲሁም
 ለሕብረተሰቡ ይጠቅማል ተብሎ ይታሰባል፡፡
 መጠይቁ ከ 30 ደቂቃ፤ በላይ አይወስድም
 በጥናቱ ለመሳተፉ
 ተስማምተዋል ☐
 አልተስማማም ☐
 አመሰግናለሁ!
 የጠያቂው ስም _____ ፊርማ _____ ቀን _____
 የመጠይቁ ውጤት
 ተሟልቷል ☐ ተጠያቂው ተቋማዊ ☐
 ተጠያቂው አልተገኘም ☐ በከፊል ተሞልቷል ☐
 ጠያቂዎች ሊከተሉት የሚገባ መመሪያ
 መጠይቁ የሚጀመረው ተጠያቂዎች ከተስማሙብቻ መሆን አለበት፤፤
 መታለፍ ያለባቸውን ጥያቄዎች በትክክል ማለፈዎን ያረጋግጡ፤፤
 በሚሰጠው መልስ መሠረት የምርጫ ሴክሶችን ማክበብ ወይም ምርጫ ሴክሌላ የተሰጠውን መልስ መጻፍ
 አለበት፤፤
 እያንዳንዱ መጠይቅ ከአንድ መልስ በላይ ሊኖረው ይችላል፤፤
 የሚጠየቁት ዕድሜያቸው 18-49 ዓመት፤ የሆኑትን ሴቶችን ቢቻል ነው፤፤
 የተቆጣጠረው ስም-----ፊርማ-----

Assessment of health care seeking and its associated factors among rural and urban mother of Burie
woreda, west Gojjam, Amhara Region, Ethiopia

የ መኖሪያ ፤ ፤ ከ ተማ-----ገ ጠር -----የ ቀበሌው ስም-----የ ቤት ቁጥር ----አድራሻ

| ተ.ቁ | ጥያቄዎች | አማራጭ መልሶች | እለፍ |
|-----|--|---|-----|
| 1 | ዕድሜዎ ስንት ነው? | -----ዓመት | |
| 2 | የጋብቻ፤ ሁኔታ | 1.ያገባች 2.ያላገባች 3.የተፋታች 4.የሞተባች 5.ተለያይተው፤ የሚኖሩ 6.ሌላ ካለ ይግለጹ----- - | |
| 3 | የትምህርት ደረጃዎ | 1.ያልተማረ 2.ማንበብና መጻፍ የሚችል 3.-----ክፍል | |
| 4 | ስራዎ ምን ድን ነው? | 1.የመንግሥት ሰራተኛ 2.የቤት እመቤት 3.ገበሬ 4.ነጋዴ 5.ተማሪ 6.ሌላ ካለ ይግለጹ----- -- | |
| 5 | ሀይማኖትዎ ምን ድን ነው? | 1.ኦርቶዶክስ ፤ ተዋህዶ 2.መስሊም 3.ካቶሊክ 4.ፕሮቴስታንት 5.ሌላ ካለ ይግለጹ----- -- | |
| 6 | ብሄርዎ ምን ድን ነው? | 1.አማራ 2.ኦሮሞ 3.ትግሬ 4.አገው 5.ጉራጌ 6.ሌላ ካለ ይግለጹ----- -- | |
| 7 | የመኖሪያ ፤ አድራሻዎ የት ነው? | 1.ከተማ 2.ገጠር | |
| 8 | የቤተሰብዎ ዓመታዊ ገቢዎ በአማካኝ በብር ምን ያህል ይሆናል? | 1.-----ብር 2.መግለጽ አልፈለግም | |

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| 9 | የባለቤት/የቤቱባለቤት/ስራ ምን ድን ው? | 1.የ መንግሥት ሰራተኛ 2.ገበሬ 3.ነጋዴ 4.ተማሪ 5.አናዲ 6.የሀይማኖት መሪ 7.ሹፊር 8.ሌላ ካለ ይግለጹ----- -- | |
| 10 | የባለቤት/የቤቱባለቤት/የትምህርት፤ ደረጃ? | 1.ያልተማረ 2.ማንበብና መጻፍ የሚችል 3.-----ክፍል | |
| 11 | ከአሁን በፊት በሀይወት ያለልጅ ወልደወል? | 1.አዎ 2.አልወለድኩም | አልወለድኩም ከሆነ ወደ ጥያቄ 15 ይለፉ |
| 12 | ለጥያቄ 11 መልሶ ያለዎ ከሆነ ስንት ልጅ? | -----ልጅ | |
| 13 | ከልጆቻቸው ውስጥ ስንት ቶቹ ተምረዋል? | -----ልጆች | |
| 14 | ከተማሩት ልጆቻቸው ውስጥ ከፍተኛው የትምህርት ደረጃ ስንት ነው? | -----ክፍል | |
| 15 | ከዚህ በፊት የጤና ድርጅት ሂደውያውቃሉ? | 1. አዎ 2. አላውቅም | አላውቅም ከሆነ ወደ ጥያቄ 18 ይለፉ |
| 16 | ለጥያቄ 15 መልሶ ያለዎ ከሆነ የትሄዱ? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.የጤና ኬላ 2.የጤና ጣቢያ 3.ሆስፒታል 4.የግል ክሊኒክ 5.የባህላዊ መድሀኒት አዋቂ ቤት 6.ጸበል 7.ሌላ ካለ ይግለጹ----- -- | |
| 17 | ለጥያቄ 15 መልሶ ያለዎ ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.ስለመመኝ 2.ለክትባት 3.ለወሊድ ክትትል 4.ለወሊድ 5.ልጄን ለማሳከም 6.ህመምምተኛ ለመጠየቅ 7.ሌላ ካለ ይግለጹ----- -- | |
| 18 | ለጥያቄ 15 መልስ ያለዎ አላውቅም ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.የጤና ድርጅት እሩቅ ስለሆነ 2.ገንዘብ ስለሌኝ 3.የጤና ባለሙያዎች ጥሩ ስነ ምግባር ስለሌላቸው | |

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| | | <p>4.የ ጤና ድርጅት ወረሩ ጊዜ ረጅም ስለሆነ</p> <p>5.ጊዜ ስለሌላች</p> <p>6.ባለበቴ ፍቃደኛ ስለልሆነ</p> <p>7.የ ጤና ድርጅቱ የ ማከፈትበት ጊዜ ስለማይመች ነው</p> <p>8.ብዙ ልጆች ስላሉኝ እነሱን ስንከባከብ እቆያለሁ</p> <p>9.ሌላ ካለ ይግለጹ-----</p> <p>--</p> | |
| 19 | ባለፉት 12 ወራት ውስጥ ታመሙ ደውቃሉ? | <p>1.አዎ</p> <p>2.አላውቅም</p> | አላውቅም ከሆነ ወደ ጥያቄ 23 ይለፉ |
| 20 | ለጥያቄ 19 መልሶዎ አዎ ከሆነ መንስኤውምን ይመስለዎታል? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.ከፋ መንፈስ</p> <p>2.ብርድ</p> <p>3.የሆድ ትላትል</p> <p>4.የደም ማነስ</p> <p>5.የደም መፍሰስ</p> <p>6.ምጥ ዘግይቶ ብኝ</p> <p>7.ሌላ ካለ ይግለጹ-----</p> <p>-</p> | |
| 21 | በታመሙ ጊዜ ወደ፤ ጤና ድርጅት ሄደውነበር? | <p>1.አዎ</p> <p>2.አልሄድኩም</p> | |
| 22 | ለጥያቄ 21 መልሶዎ አዎ ከሆነ የትሄዱ? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.የጤና ኬላ</p> <p>2.የጤና ጣቢያ</p> <p>3.ሆስፒታል</p> <p>4.የግል ክሊኒክ</p> <p>5.የባህላዊ መደሀኒት አዋቂ ቤት</p> <p>6.ፀበል</p> <p>7.ሌላ ካለ ይግለጹ-----</p> <p>--</p> | |
| 23 | ለጥያቄ 21 መልስዎ አላውቅም ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.የጤና ድርጅቱ እሩቅ ስለሆነ</p> <p>2.ገንዘብ ስለሌሌኝ</p> <p>3.የጤና ባለሙያዎች ጥሩ ስነምግባር ስለሌላቸው</p> <p>4.የጤና ድርጅቱ ወረሩ ጊዜ ረጅም ስለሆነ</p> <p>5.ጊዜ ስለሌሌኝ</p> <p>6.ባለበቴ ፍቃደኛ ስለልሆነ</p> <p>7.የጤና ድርጅቱ የ ማከፈትበት ጊዜ ስለማይመች ነው</p> <p>8.ብዙ ልጆች ስላሉኝ እነሱን ስንከባከብ እቆያለሁ</p> <p>9.ሌላ ካለ ይግለጹ-----</p> <p>--</p> | |
| 24 | የባህላዊ መደሀኒት ውስደው ደውቃሉ? | <p>1.አዎ</p> <p>2.አላውቅም</p> | አይደለም ከሆነ ወደ ጥያቄ 28 ይለፉ |
| 25 | ለጥያቄ 24 መልሶዎ አዎ ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.ርካሽ ስለሆነ</p> <p>2.በቀላሉ ስለማግኝ</p> <p>3.ፈዋሽ ስለሆነ</p> | |

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| | | 4.ሌላ ካለ ይግለጹ----- -- | |
| 27 | ለ ጥያቄ 28 መልስዎ አላወቅም ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.ባለቤቴ ስለማይፈቅድ 2.ሀይማኖታችን ስለማይፈቅድ 3.የሚገኝበት ቦታ እሩቅ ስለሆነ 4.ልጅ መውለድ ስለምፈልግ 5.መካን ስለሆንኩኝ 6.የግብረ ስጋ ግንኙነት ስለማልፈፅም 7.የመደሀኒቱ ጎንዮሽ ጉዳት ስለሰቸገረኝ 8.ስለቤተሰብ ምጣኔ ምንም ስለማላወቅ 9.ሌላ ካለ ይግለጹ----- -- | |
| 28 | የመጨረሻውን ልጅ ከውለዱ ስንት ዓመት ሆነ ያታል? | -----ዓመት | |
| 29 | ለመጨረሻው እርግዝናዎ ቅድመ ወሊድ ክትትል አድርገዋል? | 1.አዎ 2.አላደረግኩም | ካላደረጉ ወደ ጥያቄ 32 ይለፉ |
| 30 | ለ ጥያቄ 32 መልስዎ አዎ ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.ለራሴ ጤንነት ብዬ 2.ለልጄ ጤንነት ብዬ 3.ብዙ ጊዜ ሳረግዝ ጤንነት ስለማይሰማኝ 4.ብዙ ጊዜ ምጥ ስለሚጠናቢኝ 5.ለክትባት ክትትል 6.ከጤናድርጅት መዳሀኒት ለመውሰድ 7.ከጤና ባለሙያዎች ምክር ለማግኘት 8.ሌላ ካለ ይግለጹ----- -- | |
| 31 | በመጨረሻ እርግዝናዎ ለስንት ጊዜ ቅድመ ወሊድ ክትትል አድረጉ? | -----ጊዜ | |
| 32 | ለ ጥያቄ 32 መልስዎ ቅድመ ወሊድ ክትትል አላደረግኩም ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | 1.ባለቤቴ ስለማይፈቅድ 2.የሚገኝበት ቦታ እሩቅ ስለሆነ 3.አማቴ ስለከለከለችኝ 4.ምንም የሀመም ስሜት ስለማይሰማኝ 5.ምርመራውን ስለምፈራ 6.ጥቅመኝ ስለማላወቅ 7.ሌላ ካለ ይግለጹ----- -- | |
| 33 | የመጨረሻ ልጅዎን የትተገለገሉት? | 1.ቤቴ 2.ጤናኬላ 3.ጤናጣቢያ 4.ሆስፒታል 5.ከእናቴ ቤት 6.ሌላ ለካለ ይግለጹ----- --- | |
| 34 | ቤትዎ ከሆነ የተገለገሉት ማን አገለገለዎት? | 1.ልምድ አዋላጅ 2.ጎረቤት | |

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| | | 3. ጤና ኤክስተሽን ሰራተኞች 4. እናቴ 5. አማቴ 6. ሌላ ካለ ይግለጹ----- | |
| 35 | ቤትዎ ከሆነ የተገላገሉት ለምን ? | 1. የ ጤና ባለሙያዎችን የማህጸን ምርመራን ስለምፈራ 2. ምጥ ስለማይጠናበኝ 3. ሀኪምቤት ያለው አልጋ ስለማይመቸኝ 4. ማሪያ ምቤት ብቻ ስለምትረዳ 5. የሀኪምቤቱ አተኛኝት ስለማይመቸኝ 6. አማቴ ስለከለከለችኝ 7. ልምድ አዋለጁዋ ስለአለች 8. ሀኪሞቹ ዘመድ ስለማያስገቡ አፈራለሁ 9. የሀኪሞች መሳሪያ ስለማያበላሽ 10. ሀኪሞች ስለሚቆጡ 11. ካሁን በፊት ቤቴ በሰላም ስለተገላገልኩ 12. ምጥ በድንገት ስለጀመረኝ 13. ሌላ ካለ ይግለጹ----- --- | |
| 36 | የ ጤና ድርጅት ከተገላገሉት ለምን ? | 1. ንፅጌ አና ምቹ ስለሆነ 2. ምጥ ስለጠናብኝ 3. የ ጤና ኤክስተሽን ሰራተኞች ስለመከሩኝ 4. ብር ስለማይከፈል 5. በሰላጤ ባለሙያዎች መውላድ ስለፈለግኩ 6. የልምድ አዋላጅ በአከባቢያችን ስለሌሉ 7. ካሁን በፊት ጤና ድርጅት ስለተገላገልኩ 8. ሌላ ካለ ይግለጹ----- - | |
| 37 | አሁን ነፍሰጤኒዎት ? | 1. አዎ 2. አይደለሁም | አይደለሁም ከሆነ ወደ ጥያቄ 43 ይለፉ |
| 38 | ለጥያቄ 40 መልስዎ አዎ ከሆነ የት ለመገላገል አስበዋል ? | 1. ቤቴ 2. ጤና ኬላ 3. ጤና ጣቢያ 4. ሆስፒታል 5. ከእናቴ ቤት 6. ከልምድ አዋላጅ ቤት 7. ሌላ ካለ ይግለጹ----- - | |
| 39 | ቤትዎ ከሆነ ለመገላገል ያሰቡት ለምን ? | 1. የ ጤና ባለሙያዎችን የማህጸን ምርመራ ስለምፈራ 2. ምጥ ስለማይጠናበኝ | |

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| | | <p>3.ሀኪምቤት ያለው አልጋ ስለማይመቸኝ</p> <p>4.ማሪያምቤት ብቻ ስለምትረዳ</p> <p>5.የሀኪምቤቱ አተኛኝት ስለማይመቸኝ</p> <p>6.አማቴ ስለከለከለችኝ</p> <p>7.ልምድ አዋለጁዋ ስለአለች</p> <p>8.ሀኪሞቹ ዘመድ ስለማያስገቡ አፈራለሁ</p> <p>9.የሀኪሞች መሳሪያ ስለሚያበላሽ</p> <p>10.ሀኪሞች ስለሚቆጡ</p> <p>11.ካሁን በፊት ቤቴ በሰላም ስለተገለገልኩ</p> <p>12.ሌላ ካለ ይግለጹ-----</p> <p>----</p> | |
| 40 | የትኛው የጤና ባለሙያ ቢያገለግልዎ ይፍልጋሉ? | <p>1.የልምድ አዋላጅ</p> <p>2.የጤና ኤክስተሽን ሰራተኞች</p> <p>3.ነርስ</p> <p>4.ጤና መከኒን</p> <p>5.ዶክተር</p> <p>6.ሌላ ካለ ይግለጹ-----</p> <p>--</p> | |
| 41 | ሴት ውይስ ውንድ የጤና ባለሙያ ቢያገለግልዎ ይመርጣሉ? | <p>1.ወንድ</p> <p>2.ሴት</p> <p>3.በሁለቱም</p> | |
| 42 | ሴት እንዲያገለግልዎ ከፈለጉ ለምን? (የተገለጸውን መልስ ይጻፉ) | <p>-----</p> <p>-----</p> | |
| 43 | የድህረዎሊድ አገለግሎት አግኝተው ያውቃሉ? | <p>1.አዎ</p> <p>2.አላውቅም</p> | አላውቅ ምክሆነ ወደ ጥያቄ 48 ይለፉ |
| 44 | ለጥያቄ 46 መልስዎ አዎ ከሆነ ለምን ብለው? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.ለራሴ ለመከተብ</p> <p>2.ልጄን ለማስከተብ</p> <p>3.ስለአመሰኝ</p> <p>4.ልጄን ስለአመመው</p> <p>5.ልጄን ለባለሙያዎች ለማሳየት</p> <p>6.የጤና ኤክስተሽን ሰራተኞች ስለመከፋኝ</p> <p>7.ሌላ ካለ ይግለጹ-----</p> <p>--</p> | |
| 45 | ለጥያቄ 46 አላውቅም ከሆነ ለምን? (መልስ ነው ብለው የጠቀሱትን ሁሉ ያክብቡ) | <p>1.ልጄን ቡዳ እንዳይበላው</p> <p>2.ወንድ 40 ቀን ሴት 80 ቀን ሳይሞላቸው ውጭዘ መውጣት ስለማይቻል</p> <p>3.ልጄን ብርድ እንዳይመታው</p> <p>4.ልጄን ጨርሮ እንዳይወጋው</p> <p>5.ስራ ስለማበዛብኝ</p> <p>6.የትራንስፖርት ችግር</p> <p>7.ጥቅመኝ ስለማለው</p> <p>8.ሌላ ካለ ይግለጹ-----</p> | |

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አ መስ ግ ና ለ ሁ !